

**STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN**

1

MONTHLY FINANCIAL REPORTING FORM

Submitted on 12/1/2003 7:00:02 PM

1	
1.	FOR THE MONTH ENDING: October 31, 2003
2.	Name: UNIVERSAL CARE
3.	File Number:(Enter last three digits) 933-0 209
4.	Date Incorporated or Organized: April 18, 1983
5.	Date Licensed as a HCSP: October 15, 1985
6.	Date Federally Qualified as a HCSP:
7.	Date Commenced Operation: November 1, 1985
8.	Mailing Address: 1600 EAST HILL STREET, SIGNAL HILL, CA 90806
9.	Address of Main Administrative Office: 1600 EAST HILL STREET, SIGNAL HILL, CA 90806
10.	Telephone Number: (562) 424-6200
11.	HCSP's ID Number: 33-0012358
12.	Principal Location of Books and Records: 1600 EAST HILL STREET, SIGNAL HILL, CA 90806
13.	Plan Contact Person and Phone Number: KENNETH L. WATKINS (562) 981-4059
14.	Financial Reporting Contact Person and Phone Number: KENNETH L. WATKINS (562) 981-4059
15.	President:* HOWARD E. DAVIS
16.	Secretary:* JEFFERY V. DAVIS
17.	Chief Financial Officer:* KENNETH L. WATKINS
18.	Other Officers:* JAY B. DAVIS, EXECUTIVE VICE PRESIDENT
19.	
20.	
21.	
22.	Directors:* LAURA DAVIS, MARC DAVIS, ERIC SPENCER,
23.	JOHN ADAMS, STEPHEN BASS, MARIA FLATT-PEREZ,
24.	LORRIE HOLT, LOUIS MACDONALD, CHRISS CARREON,
25.	STUART GRAY, DAN SUN
26.	
27.	
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31.	

The officers listed on lines 15 through 17 of the health care service plan noted on line 2, being duly sworn, each for himself or herself, deposes and says that they are the officers of the said health care service plan, and that, for the reporting period stated above, all of the herein assets were the absolute property of the said health care service plan, free and clear from any liens or claims thereon, except as herein stated, and that these financial statements, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said health care service plan as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.




32. President	HOWARD E DAVIS (please type for valid signature)
33. Secretary	JEFFERY V DAVIS (please type for valid signature)
34. Chief Financial Officer	KENNETH L WATKINS (please type for valid signature)
* Show full name (initials not accepted) and indicate by sign (#) those officers and directors who did not occupy the indicated position in the previous statement.	
35.	If this is a revised filing, check here and complete question 4 on Page 2: <input type="checkbox"/>
36.	If all dollar amounts are reported in thousands (000), check here <input type="checkbox"/>

Check My Work.

STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN

MONTHLY FINANCIAL REPORTING FORM

SUPPLEMENTAL INFORMATION

		1
1.	Are footnote disclosures attached with this filing?	Yes 
2.	Is the attached reporting form filed on a consolidated or combined basis? If "Yes", the plan is required to file consolidating or combining schedules.	No 
3.	Is the plan required to file additional information (i.e. parent/affiliate financial statements, claims reports, etc.) that is required by the Department?	No 
4.	If this is a revised reporting form, what is/are the reason(s) for the revision?	

STATEMENT AS OF 10-31-2003 OF 933-0209 UNIVERSAL CARE

REPORT #1 ---- PART A: ASSETS

1	2
CURRENT ASSETS:	Current Period
1. Cash and Cash Equivalents	16,203,496
2. Short-Term Investments	352,011
3. Premiums Receivable - Net	22,587,989
4. Interest Receivable	406
5. Shared Risk Receivables - Net	
6. Other Health Care Receivables - Net	6,891,239
7. Prepaid Expenses	2,446,739
8. Secured Affiliate Receivables - Current	4,250,000
9. Unsecured Affiliate Receivables - Current	
10. Aggregate Write-Ins for Current Assets	4,278,111
11. TOTAL CURRENT ASSETS (Items 1 to 10)	57,009,991
OTHER ASSETS:	
12. Restricted Assets	508,781
13. Long-Term Investments	
14. Intangible Assets and Goodwill - Net	4,626,695
15. Secured Affiliate Receivables - Long-Term	650,000
16. Unsecured Affiliate Receivables - Past Due	
17. Aggregate Write-Ins for Other Assets	1,240,942
18. TOTAL OTHER ASSETS (Items 12 to 18)	7,026,418
PROPERTY AND EQUIPMENT	
19. Land, Building and Improvements	15,892,711
20. Furniture and Equipment - Net	941,024
21. Computer Equipment - Net	1,944,078
22. Leasehold Improvements -Net	914,991
23. Construction in Progress	46,010
24. Software Development Costs	2,256,356
25. Aggregate Write-Ins for Other Equipment	0
26. TOTAL PROPERTY AND EQUIPMENT (Items 19 to 25)	21,995,170
27. TOTAL ASSETS	86,031,579
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR CURRENT ASSETS	
1001. Inventory	1,496,911
1002. Income Taxes Receivable	2,781,200
1003.	
1004.	
1098. Summary of remaining write-ins for Item 10 from overflow page	
1099. TOTALS (Items 1001 thru 1004 plus 1098)	4,278,111
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER ASSETS	
1701. Deposit-L/T	607,503
1702. Others	54,692
1703. Deferred Taxes	578,747
1704.	
1798. Summary of remaining write-ins for Item 17 from overflow page	
1799. TOTALS (Items 1701 thru 1704 plus 1798)	1,240,942
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER EQUIPMENT	
2501.	
2502.	
2503.	
2504.	
2598. Summary of remaining write-ins for Item 25 from overflow page	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	0

STATEMENT AS OF 10-31-2003 OF 933-0209 UNIVERSAL CARE

REPORT #1 ---- PART B: LIABILITIES AND NET WORTH

1	2	3	4
	Current Period		
	Contracting	Non-Contracting	Total
CURRENT LIABILITIES:			
1. Trade Accounts Payable	5,339,753	XXX	5,339,753
2. Capitation Payable	4,107,174	XXX	4,107,174
3. Claims Payable (Reported)	11,530,802		11,530,802
4. Incurred But Not Reported Claims	29,455,685		29,455,685
5. POS Claims Payable (Reported)			0
6. POS Incurred But Not Reported Claims	50,424		50,424
7. Other Medical Liability	5,583,572		5,583,572
8. Unearned Premiums	6,698,235	XXX	6,698,235
9. Loans and Notes Payable	122,567	XXX	122,567
10. Amounts Due To Affiliates - Current		XXX	0
11. Aggregate Write-Ins for Current Liabilities	0	0	0
12. TOTAL CURRENT LIABILITIES (Items 1 to 11)	62,888,212	0	62,888,212
OTHER LIABILITIES:			
13. Loans and Notes Payable (Not Subordinated)	4,383,850	XXX	4,383,850
14. Loans and Notes Payable (Subordinated)	6,395,280	XXX	6,395,280
15. Accrued Subordinated Interest Payable		XXX	0
16. Amounts Due To Affiliates - Long Term		XXX	0
17. Aggregate Write-Ins for Other Liabilities	1,120,000	XXX	1,120,000
18. TOTAL OTHER LIABILITIES (Items 13 to 18)	11,899,130	XXX	11,899,130
19. TOTAL LIABILITIES	74,787,342	0	74,787,342
NET WORTH			
20. Common Stock	XXX	XXX	4,926,000
21. Preferred Stock	XXX	XXX	
22. Paid In Surplus	XXX	XXX	1,739,400
23. Contributed Capital	XXX	XXX	
24. Retained Earnings (Deficit)/Fund Balance	XXX	XXX	4,456,775
25. Aggregate Write-Ins for Other Net Worth Items	XXX	XXX	122,062
26. TOTAL NET WORTH (Items 20 to 25)	XXX	XXX	11,244,237
27. TOTAL LIABILITIES AND NET WORTH	XXX	XXX	86,031,579
DETAILS OF WRITE-INS AGGREGATED AT ITEM 11 FOR CURRENT LIABILITIES			
1101.			0
1102.			0
1103.			0
1104.			0
1198. Summary of remaining write-ins for Item 11 from overflow page			0
1199. TOTALS (Items 1101 thru 1104 plus 1198)	0	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER LIABILITIES			
1701. Malpractice Insurance and other liabilities	1,120,000	XXX	1,120,000
1702.		XXX	0
1703.		XXX	0
1704.		XXX	0
1798. Summary of remaining write-ins for Item 17 from overflow page		XXX	0
1799. TOTALS (Items 1701 thru 1704 plus 1798)	1,120,000	XXX	1,120,000
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER NET WORTH ITEMS			
2501. Marketable Securities	XXX	XXX	147,087
2502. Unrealized Loss on Marketable Securities	XXX	XXX	-92,899
2503. Other Comprehensive Income	XXX	XXX	67,874
2504.	XXX	XXX	
2598. Summary of remaining write-ins for Item 25 from overflow page	XXX	XXX	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	XXX	XXX	122,062

STATEMENT AS OF 10-31-2003 OF 933-0209 UNIVERSAL CARE

REPORT #2: REVENUE, EXPENSES AND NET WORTH

	1	2
	Current Period	Year-To-Date
REVENUES:		
1. Premiums (Commercial)	19,735,064	78,787,300
2. Capitation	276,293	1,375,626
3. Co-payments, COB, Subrogation	193,829	453,319
4. Title XVIII - Medicare	1,247,968	4,714,032
5. Title XIX - Medicaid	14,856,034	60,669,227
6. Fee-For-Service	429,613	1,608,159
7. Point-Of-Service (POS)		
8. Interest	14,687	56,577
9. Risk Pool Revenue		
10. Aggregate Write-Ins for Other Revenues	11,648	38,490
11. TOTAL REVENUE (Items 1 to 10)	36,765,136	147,702,730
EXPENSES:		
Medical and Hospital		
12. Inpatient Services - Capitated	1,463,107	6,424,550
13. Inpatient Services - Per Diem	12,785,531	48,986,909
14. Inpatient Services - Fee-For-Service/Case Rate	707,445	2,276,223
15. Primary Professional Services - Capitated	9,481,909	38,140,207
16. Primary Professional Services - Non-Capitated		
17. Other Medical Professional Services - Capitated		
18. Other Medical Professional Services - Non-Capitated		
19. Non-Contracted Emergency Room and Out-of-Area Expense, not including POS	154,729	682,456
20. POS Out-Of-Network Expense		
21. Pharmacy Expense - Capitated	766,470	2,744,625
22. Pharmacy Expense - Fee-for-Service	2,448,849	12,789,064
23. Aggregate Write-Ins for Other Medical and Hospital Expenses	4,167,360	16,589,006
24. TOTAL MEDICAL AND HOSPITAL (Items 12 to 23)	31,975,400	128,633,040
Administration		
25. Compensation	2,009,408	7,836,047
26. Interest Expense	36,279	75,996
27. Occupancy, Depreciation and Amortization	739,252	4,751,996
28. Management Fees		
29. Marketing	1,222,210	4,836,681
30. Affiliate Administration Services		
31. Aggregate Write-Ins for Other Administration	0	0
32. TOTAL ADMINISTRATION (Items 25 to 31)	4,007,149	17,500,720
33. TOTAL EXPENSES	35,982,549	146,133,760
34. INCOME (LOSS)	782,587	1,568,970
35. Extraordinary Item		
36. Provision for Taxes	0	0
37. NET INCOME (LOSS)	782,587	1,568,970
NET WORTH:		
38. Net Worth Beginning of Period	8,191,650	3,075,267
39. Audit Adjustments		
40. Increase (Decrease) in Common Stock	570,000	4,900,000
41. Increase (Decrease) in Preferred Stock		
42. Increase (Decrease) in Paid in Surplus	1,700,000	1,700,000
43. Increase (Decrease) in Contributed Capital		0
44. Increase (Decrease) in Retained Earnings:		
45. Net Income (Loss)	782,587	1,568,970
46. Dividends to Stockholders		
47. Aggregate Write-Ins for Changes in Retained Earnings	0	0
48. Aggregate Write-Ins for Changes in Other Net Worth Items	0	0
49. NET WORTH END OF PERIOD (Items 38 to 48)	11,244,237	11,244,237

STATEMENT AS OF 10-31-2003 OF 933-0209 UNIVERSAL CARE

REPORT #2: REVENUE, EXPENSES AND NET WORTH

1	2	3
	Current Period	Year-to-Date
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER REVENUES		
1001. Other Income	11,648	38,490
1002.		
1003.		
1004.		
1005.		
1006.		
1098. Summary of remaining write-ins for Item 10 from overflow page		
1099. TOTALS (Items 1001 thru 1006 plus 1098)	11,648	38,490
DETAILS OF WRITE-INS AGGREGATED AT ITEM 23 FOR OTHER MEDICAL AND HOSPITAL EXPENSES		
2301. Staff Models	4,064,359	16,152,749
2302. Lab & X-Ray	102,848	435,291
2303. Radiology	153	966
2304.		
2305.		
2306.		
2398. Summary of remaining write-ins for Item 23 from overflow page		
2399. TOTALS (Items 2301 thru 2306 plus 2398)	4,167,360	16,589,006
DETAILS OF WRITE-INS AGGREGATED AT ITEM 31 FOR OTHER ADMINISTRATIVE EXPENSES		
3101.		
3102.		
3103.		
3104.		
3105.		
3106.		
3198. Summary of remaining write-ins for Item 31 from overflow page		
3199. TOTALS (Items 3101 thru 3106 plus 3198)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR CHANGES IN RETAINED EARNINGS		
4701.		
4702.		
4703.		
4704.		
4705.		
4706.		
4798. Summary of remaining write-ins for Item 47 from overflow page		
4799. TOTALS (Items 4701 thru 4706 plus 4798)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 48 FOR CHANGES OF OTHER NET WORTH ITEMS		
4801.		
4802.		
4803.		
4804.		
4805.		
4806.		
4898. Summary of remaining write-ins for Item 48 from overflow page		
4899. TOTALS (Items 4801 thru 4806 plus 4898)	0	0

REPORT #3: STATEMENT OF CASH FLOWS

1	2	3
	Current Period	Year-to-Date
CASH FLOW PROVIDED BY OPERATING ACTIVITIES		
1. Group/Individual Premiums/Capitation	25,467,038	82,190,960
2. Fee-For-Service	193,829	453,318
3. Title XVIII - Medicare Premiums	1,247,968	4,714,031
4. Title XIX - Medicaid Premiums	14,856,034	60,669,227
5. Investment and Other Revenues	26,335	95,067
6. Co-Payments, COB and Subrogation	429,613	1,608,159
7. Medical and Hospital Expenses	-31,997,168	-130,643,487
8. Administration Expenses	-12,796,522	-26,779,688
9. Federal Income Taxes Paid		
10. Interest Paid	-36,279	-75,996
11. NET CASH PROVIDED BY OPERATING ACTIVITIES	-2,609,152	-7,768,409
CASH FLOW PROVIDED BY INVESTING ACTIVITIES		
12. Proceeds from Restricted Cash and Other Assets	77	-198
13. Proceeds from Investments		
14. Proceeds for Sales of Property, Plant and Equipment		
15. Payments for Restricted Cash and Other Assets		
16. Payments for Investments		
17. Payments for Property, Plant and Equipment	-400,883	-985,289
18. NET CASH PROVIDED BY INVESTING ACTIVITIES	-400,806	-985,487
CASH FLOW PROVIDED BY FINANCING ACTIVITIES:		
19. Proceeds from Paid in Capital or Issuance of Stock	2,270,000	6,600,000
20. Loan Proceeds from Non-Affiliates		
21. Loan Proceeds from Affiliates		
22. Principal Payments on Loans from Non-Affiliates		
23. Principal Payments on Loans from Affiliates	-1,010,345	-72,258
24. Dividends Paid		
25. Aggregate Write-Ins for Cash Provided by Financing Activities	0	0
26. NET CASH PROVIDED BY FINANCING ACTIVITIES	1,259,655	6,527,742
27. NET INCREASE (DECREASE) IN CASH (Items 11, 18 & 26)	-1,750,303	-2,226,154
28. CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE MONTH	17,953,799	18,429,650
29. CASH AND CASH EQUIVALENTS AT THE END OF THE MONTH	16,203,496	16,203,496
RECONCILIATION OF NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES:		
30. Net Income	782,587	1,568,970
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities		
31. Depreciation and Amortization	112,087	787,052
32. Decrease (Increase) in Receivables	3,114,918	-879,104
33. Decrease (Increase) in Prepaid Expenses	-683,589	-612,947
34. Decrease (Increase) in Affiliate Receivables	-4,900,000	-4,900,000
35. Increase (Decrease) in Accounts Payable	-3,354,150	-4,734,082
36. Increase (Decrease) in Claims Payable and Shared Risk Pool	131,808	-1,753,025
37. Increase (Decrease) in Unearned Premium	2,340,764	2,907,138
38. Aggregate Write-Ins for Adjustments to Net Income	-153,576	-152,411
39. TOTAL ADJUSTMENTS (Items 31 through 38)	-3,391,738	-9,337,379
40. NET CASH PROVIDED BY OPERATING ACTIVITIES (Item 30 adjusted by Item 39 must agree to Item 11)	-2,609,151	-7,768,409
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR CASH FLOW PROVIDED BY FINANCING ACTIVITIES		
2501. Marketable Securities, Unrealized loss on Marketable Sec, Other Compr Inc.		
2502.		
2503.		
2598. Summary of remaining write-ins for Item 25 from overflow page		
TOTALS (Items 2501 thru 2503 plus 2598)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 38 FOR ADJUSTMENTS TO NET INCOME		
3801. Deposit-L/T, Deferred Taxes, Malpractice Tail Reserve	-153,576	-152,411
3802.		
3803.		
3898. Summary of remaining write-ins for Item 38 from overflow page		
3899. TOTALS (Items 3801 thru 3803 plus 3898)	-153,576	-152,411

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REPORT #4: ENROLLMENT AND UTILIZATION TABLE

TOTAL ENROLLMENT

1 Source of Enrollment	2 Total Enrollees At End of Previous Period	3 Additions During Period	4 Terminations During Period	5 Total Enrollees at End of Period	6 Cumulative Enrollee Months for Period	Total Member Ambulatory Encounters for Period			10 Total Patient Days Incurred	11 Annualized Hospital Days/1000	12 Average Length of Stay
						7 Physicians	8 Non-Physicians	9 Total			
1. Group (Commercial)	105,129		1,213	103,916	419,162	1,681		1,681	1,710	49	3.63
2. Medicare Risk	1,993	108		2,101	7,808	34		34	170	261	5.15
3. Medi-Cal Risk	164,972		941	164,031	666,048	4,135		4,135	2,268	41	3.475
4. Individual				0	0			0			
5. Point of Service	673	115		788	3,230	106		106	0	0	
6. Aggregate write-ins for Other	37,108	339	0	37,447	148,824	432	0	432	53	4	
7. Total Membership	309,875	562	2,154	308,283	1,245,072	6,388	0	6,388	4,201	40	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 6 FOR OTHER SOURCES OF ENROLLMENT											
601. Small Group				0				0			
602. Healthy Families	29,607	332		29,939	118,779	352		352	43	4	2.39
603. AIM				0				0			
604. Medicare Cost				0				0			
605. ASO				0		N/A	N/A	N/A	N/A	N/A	N/A
606. PPO				0				0			
607. Plan to Plan	7,501	7		7,508	30,045	80		80	10	4	0
608.				0				0			
609.				0				0			
610.				0				0			
611.				0				0			
612.				0				0			
Summary of remaining write-ins for											
698. Item 6 from overflow page				0				0			
Totals (lines 601 through 612 plus											
699. 698) (Line 6 above)	37,108	339	0	37,447	148,824	432	0	432	53	4	

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NOTES TO FINANCIAL STATEMENTS	
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OVERFLOW PAGE FOR WRITE-INS

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STATEMENT AS OF 10-31-2003 OF 933-0209 UNIVERSAL CARE

KNOX-KEENE
SUPPLEMENTAL INFORMATION
PURSUANT TO SECTIONS 1300.84.06 AND 1300.84.2

		1		2
1.	Net Equity		\$	11,244,237
2.	Add: Subordinated Debt		\$	6,395,280
3.	Less: Receivables from officers, directors, and affiliates		\$	
4.	Intangibles		\$	4,626,695
5.	Tangible Net Equity (TNE)		\$	13,012,822
6.	Required Tangible Net Equity (See Below)		\$	9,570,698
7.	TNE Excess (Deficiency)		\$	3,442,124
		Full Service Plans		Specialized Plan
A.	Minimum TNE Requirement	\$ 1,000,000	Minimum TNE Requirement	\$ 50,000
B. REVENUES:				
8.	2% of the first \$150 million of annualized premium revenues	\$ 3,000,000	2% of the first \$7.5 million of annualized premium revenue	\$
	Plus		Plus	
9.	1% of annualized premium revenues in excess of \$150 million	\$ 2,833,843	1% of annualized premium revenue in excess of \$7.5 million	\$
10.	Total	\$ 5,833,843	Total	\$ 0
C. HEALTHCARE EXPENDITURES:				
11.	8% of the first \$150 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$ 3,779,458	8% of the first \$7.5 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$
	Plus		Plus	
12.	4% of annualized health care expenditures in excess of \$150 million except those paid on a capitated or managed hospital payment basis.	\$	4% of annualized health care expenditures in excess of \$7.5 million except those paid on a capitated or managed hospital payment basis.	\$
	Plus		Plus	
13.	4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$ 5,791,240	4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$
14.	Total	\$ 9,570,698	Total	\$ 0
15.	Required "TNE" - Greater of "A" "B" or "C" \$	9,570,698	Required "TNE" - Greater of "A" "B" or "C" \$	

**KNOX -KEENE
SUPPLEMENTAL INFORMATION
PURSUANT TO SECTIONS 1374.64**

POINT OF SERVICE (POS) "ADJUSTED" TANGIBLE NET EQUITY CALCULATION

Calculation of Tangible Net Equity and required Tangible Net Equity in accordance with Section 1374.64:

		1
1. Net Equity	\$	11,244,237
2. Add: Subordinated Debt	\$	6,395,280
3. Less: Receivables from officers, directors, and affiliates	\$	
4. Intangibles	\$	4,626,695
5. Tangible Net Equity (TNE)	\$	13,012,822
6. Required Tangible Net Equity (From Line 18 below)	\$	9,601,696
7. TNE Excess (Deficiency)	\$	3,411,126
ADJUSTED REQUIRED MINIMUM TANGIBLE NET EQUITY CALCULATION:		
I. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(1) or (2):		
8. Minimum TNE as calculated under Rule 1300.76 (a)(1) or (2)	\$	9,570,698
9. 10% of annualized health care expenditures for out-of-network service for point-of-service enrollees	\$	30,998
10. Add lines 8 and 9	\$	9,601,696
II. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(3):		
<u>PART A</u>		
11. Minimum TNE as recalculated to exclude annualized healthcare expenditures for out-of-network services for point-of-service enrollees (attach worksheet Page 15)	\$	9,570,698
12. 10% of annualized health care expenditures for out-of-network services for point-of-service enrollees	\$	30,998
13. Add lines 11 and 12	\$	9,601,696

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POS WORKSHEET FOR ADJUSTED TANGIBLE NET EQUITY CALCULATION

	1 Full Service Plans	2 Specialized Plans
1. Health care expenditures for period	\$ <input type="text"/>	\$ <input type="text"/>
Less:		
2. Capitated or managed hospital payment basis expenditures	<input type="text"/>	<input type="text"/>
3. Health care expenditures for out-of-network services for point-of-service enrollees	<input type="text"/>	<input type="text"/>
4. Result	<input type="text" value="0"/>	<input type="text" value="0"/>
5. Annualized	<input type="text"/>	<input type="text"/>
6. Reduce to maximum of \$150 million	<input type="text"/>	<input type="text"/>
7. Multiply by 8%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Plus		
8. Annualized health care expenditures except those paid on a capitated or managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ <input type="text"/>
9. Line 8 less \$150 million	<input type="text"/>	<input type="text"/>
10. Multiply by 4%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Plus		
11. Annualized hospital expenditures paid on a managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ <input type="text"/>
12. Multiply by 4%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
13. Total	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>

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